

## **EDITORIAL**

# **Respiratory infections and tuberculosis**

M. Decramer\*, C. Roussos<sup>#</sup>, R. Loddenkemper<sup>†</sup>

The present supplement of the *European Respiratory Journal* assembles a number of reviews on "Respiratory Infections and tuberculosis". It emanates from a symposium held in Barcelona on 26th January 2002. The symposium was organised by the European Institute of Health Care, an institute set up by AstraZeneca. It was the third symposium of that kind organised by this Institute. The goals of the Institute were extensively discussed in Supplements 34 and 35 [1, 2]. We also elaborated on the potential role of pharmaceutical companies in the postgraduate education of chest physicians, together with other and perhaps more logical contributors to the field, such as national and international professional societies, governmental bodies and bodies related to the European Commission. The scientific programme of the meeting was put together by an independent programme committee.

At the core of this programme committee are the three editors of the present Supplement, who are united by nothing other than their commitment to postgraduate medical education and scientific excellence. Other members were: C. Brambilla (Grenoble, France), R. Rodriguez-Roisin (Barcelona, Spain), O. Van Schayck (Maastricht, the Netherlands), and M. Woodhead (Manchester, UK). The commitment of AstraZeneca to these symposia is basically four-fold: 1) the symposia are not product related; 2) the company has no influence on the scientific programme; 3) scientific excellence is the goal; and 4) the symposia consist of a mixture of basic science and clinical medicine. The symposia are primarily directed at chest physicians who are able to cascade down the information distributed at the symposia to physicians in their respective countries. They carry the interest of the *European Respiratory Journal* because of the clear commitment to scientific excellence.

Lower respiratory infections and tuberculosis (TB) remain a major cause of disability-adjusted life years (DALYS) worldwide. In 1990, they were the first cause of DALYS, whereas they are projected to be the sixth cause in 2020. TB is, at present, the seventh cause of DALYS worldwide and the same ranking is predicted for 2020 [3]. The increasing resistance of

bacteria may render respiratory infections considerably more difficult to treat than in the past, although *in vitro* resistance does not always appear to translate into clinical resistance [4]. This is particularly the case for the resistance of pneumococci to  $\beta$ -lactam antibiotics, which is present *in vitro* but not clinically. This differs from the situation with other antibiotics. TB certainly remains one of the first problems of public health worldwide. The development of multi-drug resistant TB (MDR-TB) is an important development for the treatment and epidemiology of the disease. Prisons in the former Soviet Union act as a sort of epidemiological pump to produce individuals infected with MDR-TB [5]. As migration from Eastern to Western Europe has increased significantly during the last decade, this has become a social and political problem, as well as a health problem. A comprehensive approach of different governments and non-governmental organisations will be needed to solve these problems in the future.

The present supplement also complements the series "Recent developments in respiratory infections", edited by M. Woodhead and T. Schaberg, which was published in the *European Respiratory Journal* last year [6]. In the series, emphasis was placed upon specialised topics related to respiratory infections, whereas in the present Supplement the focus is on the global problems posed by community-acquired lower respiratory tract infections and TB. The Supplement is therefore primarily directed towards chest physicians rather than infectious disease specialists, although the latter might find some enlightening insights into the clinical aspects of bacterial resistance in the present contributions.

This Supplement covers several aspects of respiratory infections, starting with an overview by KLUGMAN [4] on the clinical significance of antibiotic resistance, which appears to be a topic of great relevance that may shed new light on the area. The first part of the European Institute of Health Care symposium dealt with community-acquired lower respiratory tract infection. MIRAVITLLES [7] reviewed the relationship between chronic obstructive pulmonary disease (COPD) exacerbations and treatment, a topic of recent significant interest, which is important for both treatment of these exacerbations and their role in the progression of COPD. WOODHEAD [8] reviewed the causes of community-acquired pneumonia and the resistance patterns across Europe. MAYAUD [9] discussed lower respiratory tract infection in human immunodeficient virus (HIV)-infected patients.

\*Respiratory Division, University Hospital, Katholieke Universiteit Leuven, Leuven, Belgium. <sup>#</sup>Critical Care, Pulmonary Division, Evangelismos Hospital, Athens, Greece. <sup>†</sup>Lungenklinik Heckeshorn, Berlin, Germany.

Correspondence: M. Decramer, Respiratory Division, University Hospital, Herestraat 49, B-3000 Leuven, Belgium. Fax: 32 16346803. E-mail: Marc.Decramer@uz.kuleuven.ac.be

Finally, ÖRTQVIST [10] reviewed current treatment of community-acquired pneumonia. The second part of the symposium dealt with TB. BURGOS [11] gave an overview of the global burden of TB and molecular epidemiology. LODDENKEMPER *et al.* [5] reviewed the problem and strategies against MDR-TB. COLE [12] discussed the potential of gene sequencing of *Mycobacterium tuberculosis* for the diagnosis and treatment of TB, including the potential for the development of new vaccines. Finally, ISEMAN discussed past, present and future therapy of TB [13].

We hope that the present publication will contribute substantially to the development of better preventive and therapeutic strategies in this area in the future.

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